## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

PIFFAF

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |                                  |                  |                                  |              |                  |        | SMALL ENTITY TYPE   |                        | OR     | OTHER THAN R SMALL ENTITY |                        |
|---|--|----------------------------------|------------------|----------------------------------|--------------|------------------|--------|---------------------|------------------------|--------|---------------------------|------------------------|
| TOTAL CLAIMS  |  |                                  | 21               |                                  |              |                  |        | RATE                | FEE                    | ]      | RATE                      | FEE                    |
| FOR   |  |                                  | NUMBER FILED     |                                  | NUMBER EXTRA |                  |        | BASIC FEE           | 385.00                 | OR     | BASIC FEE                 | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |                                  | → minus 20=      |                                  | *            |                  |        | X\$ 9=              |                        | OR     | X\$18=                    | 18                     |
| INDEPENDENT CLAIMS  |  |                                  | ;5 mi            | nus 3 =                          | * 2          | 2                |        | X43=                |                        | OR     | X86=                      | 172                    |
| ML  | ILTIPLE DEPEN                                  | NDENT CLAIM P                    | RESENT           |                                  |              |                  |        | 1.45                | <del> </del>           | 1      | . 200                     | 1.10                   |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |                                  |                  |                                  |              | column 2         | Į.     | +145=               |                        | OR     | +290=                     | 0.4                    |
|   |  |                                  |                  |                                  |              |                  |        | TOTAL               |                        | OR     | TOTAL                     | 960                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |                                  |                  |                                  |              |                  |        | SMALL               | ENTITY                 | OR     | OTHER<br>SMALL E          |                        |
| _   |  | CLAIMS                           | 1                | HIGH                             |              | T                | 1 r    |                     |                        | 1      |                           | ADDI                   |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT  |                  | NUMI<br>PREVIO<br>PAID I         | BER<br>OUSLY | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *                                | Minus            | **                               |              | =                |        | X\$ 9=              |                        | OR     | X\$18=                    |                        |
|   | Independent                                    | *                                | Minus            | ***                              |              | <u> </u>         |        | X43=                |                        | OR     | X86=                      |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                  |                                  |              |                  | İ      | . 1 4 5             |                        |        | +290=                     |                        |
|   |  |                                  |                  |                                  |              |                  |        | +145=               |                        | OR     |                           |                        |
|   |  |                                  |                  |                                  |              |                  |        | TOTAL<br>ADDIT. FEE |                        | OR     | TOTAL<br>ADDIT. FEE       |                        |
|   | (Column 1) (Column 2) (Co                      |                                  |                  |                                  |              |                  |        |                     |                        |        |                           |                        |
| AMENDMENT B   |  | CLAIMS REMAINING AFTER AMENDMENT |                  | HIGH<br>NUME<br>PREVIC<br>PAID I | BER<br>OUSLY | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *                                | Minus            | **                               |              | =                |        | X\$ 9=              |                        | OR     | X\$18=                    |                        |
|   | Independent                                    | *                                | Minus            | ***                              |              | =                |        | X43=                |                        | OR     | X86=                      |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                  |                                  |              |                  |        | +145=               |                        | OR     | +290=                     |                        |
|   |  |                                  |                  |                                  |              |                  |        | TOTAL<br>ADDIT. FEE |                        | OR     | TOTAL<br>ADDIT. FEE       |                        |
|   |  | ^                                | ADDII. PEE I     |                                  | ,            | ADDIT. PELL      |        |                     |                        |        |                           |                        |
|   | ~  | (Column 1)                       |                  |                                  | nn 2)<br>EST | (Column 3)       | _      |                     |                        |        |                           |                        |
| AMENDMENT C   | · .  | REMAINING<br>AFTER<br>AMENDMENT  |                  | NUME<br>PREVIO<br>PAID F         | BER<br>BUSLY | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *                                | Minus            | **                               |              | = .              |        | X\$ 9=              |                        | OR     | X\$18=                    |                        |
|   | Independent                                    | *                                | Minus            | ***                              |              | =                | ┟      | X43=                |                        | OR     | X86=                      |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                  |                                  |              |                  |        |                     |                        | OH     |                           |                        |
|   |  |                                  |                  |                                  |              |                  |        | +145=               |                        | OR     | +290=                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE |  |                                  |                  |                                  |              |                  |        |                     |                        |        |                           |                        |
| •   | The "Highest Num                               | ber Previously Pai               | d For" (Total or | Independe                        | nt) is the   | highest number   | r foui | nd in the app       | ropriate box           | in col | umn 1.                    |                        |